



AIS: CERVICAL ADENOCARCINOMA IN SITU

A I S



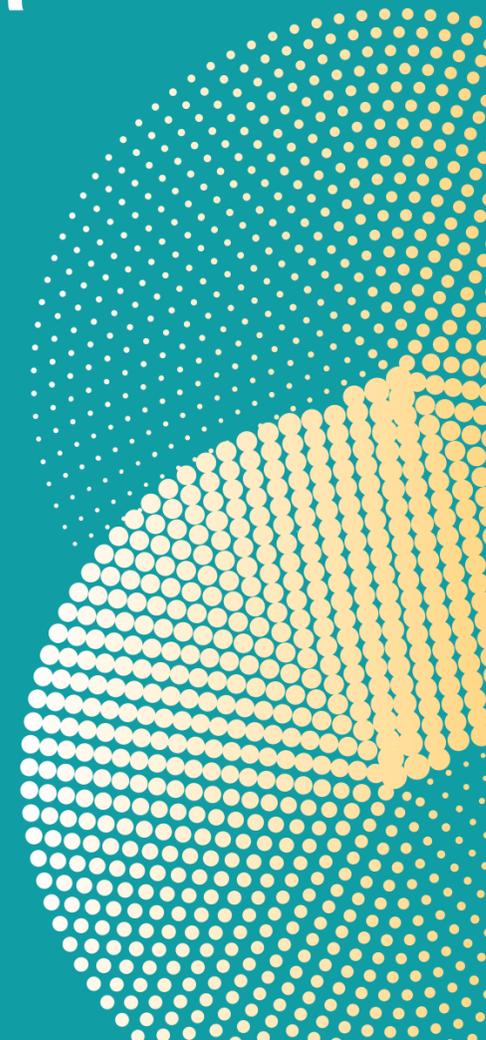
THERE ARE TWO KINDS OF CELLS THAT ARE FOUND IN THE CERVIX: SQUAMOUS CELLS AND GLANDULAR CELLS. BOTH TYPES OF CELLS CAN DEVELOP PRECANCER OR CANCER OF THE CERVIX.



This patient resource was adapted by the Society of Canadian Colposcopists (SCC) with the permission of the B.C. Colposcopy Program.

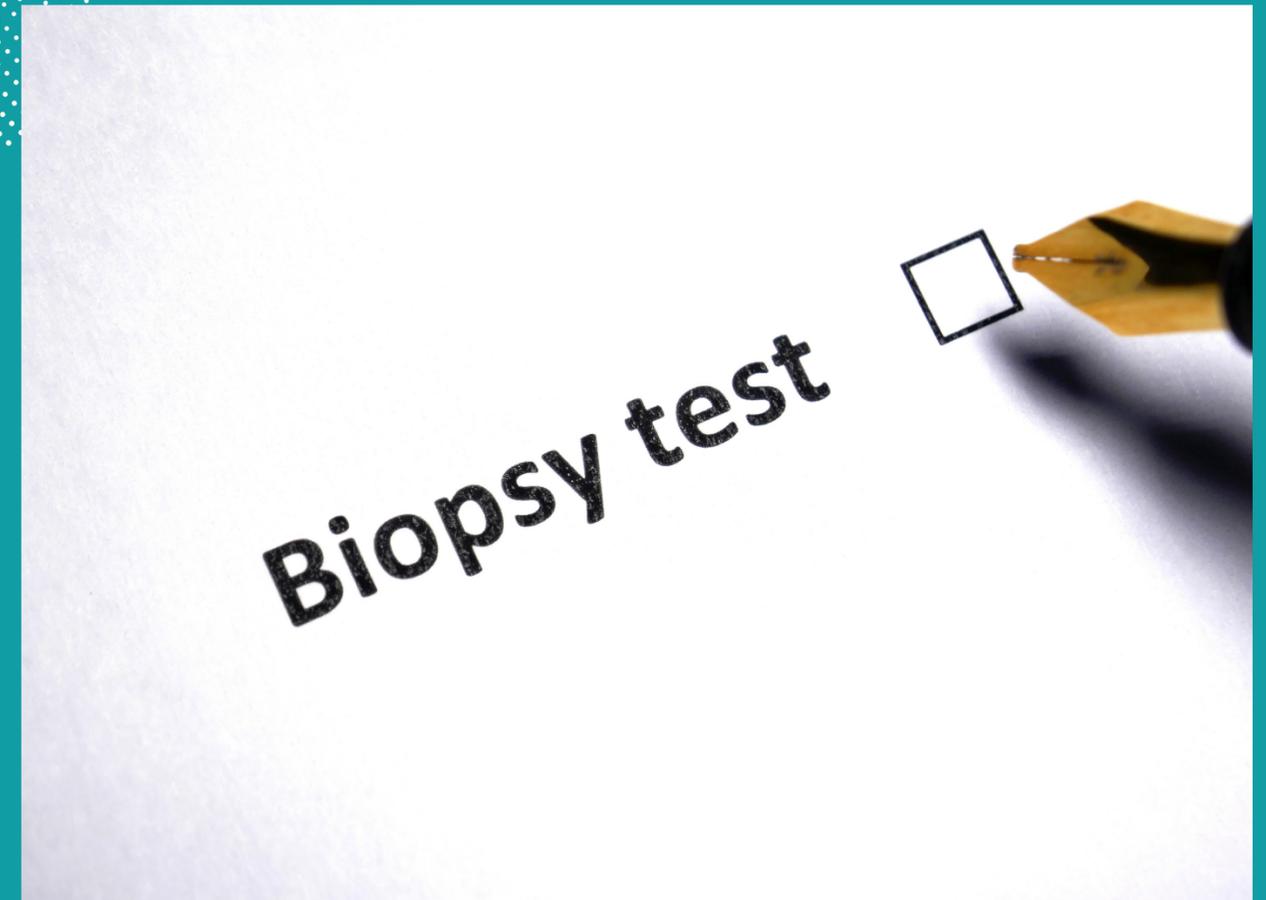
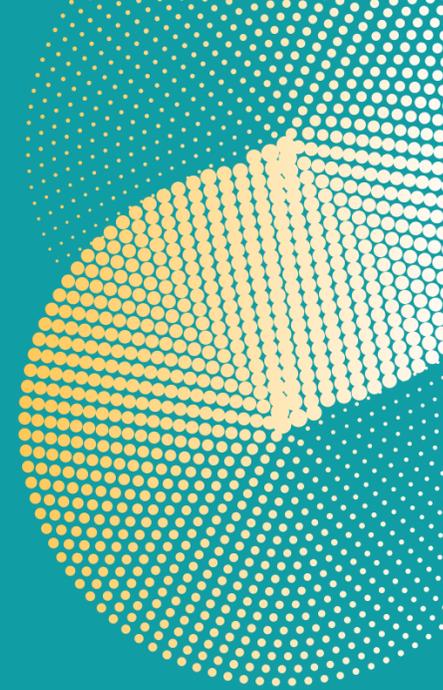
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WHAT IS CERVICAL ADENOCARCINOMA IN SITU (AIS)?

Glandular tissue that has pre-cancerous changes on biopsy (tissue sample) is called AIS.



WHAT IS THE DIFFERENCE BETWEEN SQUAMOUS CELLS AND GLANDULAR CELLS IN THE CERVIX?

Squamous cells are on the surface of the cervix and are easily sampled during a Pap test. Glandular cells are often up inside the cervical opening and are harder to sample during a Pap test. For this reason, glandular cell abnormalities may be missed during a Pap test.



What is the treatment for AIS?

A doctor will treat AIS using a LEEP (loop electrosurgical excision procedure) or cervical conisation procedure to remove the abnormal tissue from the cervix.



My LEEP report showed that surgical margins were negative for AIS.

A negative surgical margin means there were no precancerous changes found at the outer edge of the tissue sample taken from your cervix. This suggests that all abnormal tissue was removed from the area. It is possible that other pre-cancerous changes exist further up your cervix that could not be sampled on your initial screening test or safely removed with your LEEP procedure. For these reasons, there is a small chance that AIS will return even if your surgical margins are negative.



DO I NEED TO CONTINUE SEEING MY DOCTOR IF MY LEEP SHOWED NEGATIVE MARGINS?

Yes, follow-up appointments are recommended because AIS can develop in your cervix in the future. You have two choices after you receive a negative margin:

1. Schedule a follow-up appointment with your doctor to arrange for monitoring for the possible return of AIS or
2. Have a hysterectomy (surgical removal of the cervix and uterus).

Many women with AIS may wish to have children in the future. For these women, follow-up is most appropriate.





I would like to go ahead and have regular follow-ups to monitor my margin negative AIS. What happens next?

You will need to return to the colposcopy clinic for a follow-up appointment usually for at least five years after your original diagnosis. At every visit, the doctor will perform a colposcopy and they may perform other tests at these visits (like PAPs, sometimes HPV testing and biopsies, depending on findings).



My LEEP report showed that the surgical margins were positive. What does this mean?

Surgical margins that are positive means that precancerous changes were found at the outer edge of the tissue sample removed from your cervix. This suggests that there may be abnormal tissue remaining in the cervix.



What are the treatment options for LEEP margin-positive AIS?

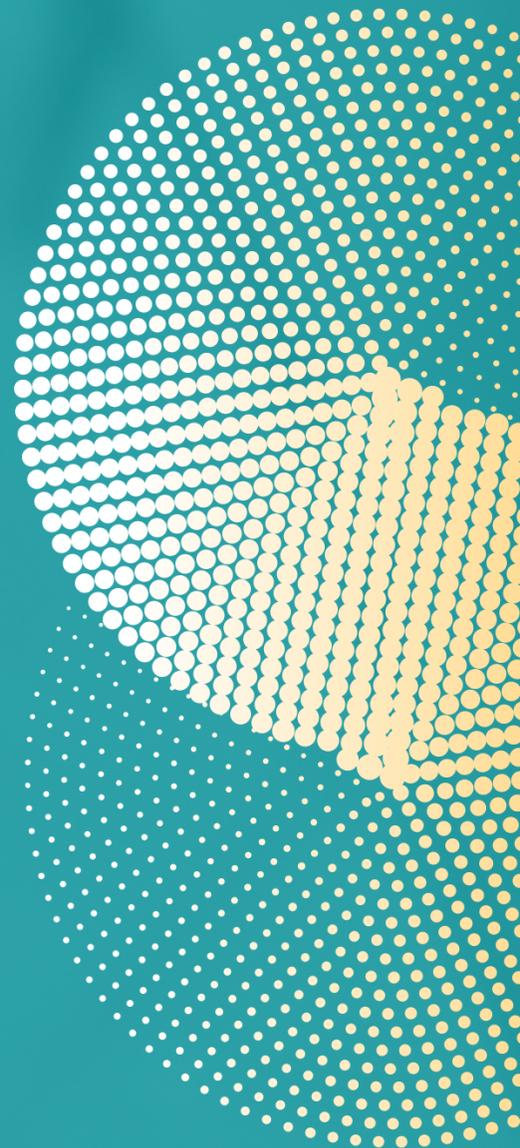
There are different treatments available for margin positive AIS depending on whether you want to have children. For women who do not wish to have children in the future, a hysterectomy is recommended. In some cases, a second LEEP is required to ensure there is no sign of cancer prior to having a hysterectomy. For women who may wish to have children in the future, another LEEP treatment is the best option. Women who decide to have a LEEP will need regular follow-up visits every six months for at least five years at the colposcopy clinic. These visits are to watch for the possible return of AIS.



WHAT IS THE BEST TREATMENT OPTION FOR ME?



The best treatment option for you will depend on the details of your ALS diagnosis, your desire to have children, your current health, values and beliefs, and your risk tolerance. Speak to your health care provider to get more information about your treatment options.



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